



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

October 10, 2014

Barbara Zaugg  
2216 Chandler St. SW.  
Cedar Rapids, IA 52404

Dear Barbara,

This letter is in regards to the October 10, 2014 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit: the

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards.

**Several prescription and non-prescription medications were observed on a kitchen counter accessible to a child. There is also a box with syringes in the same area.**

**Hazardous cleaning supplies were found in several cabinets which had safety locks on them but they were not latched.**

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

☐ 110.5(1)d Medicines are inaccessible to children.

**Several prescription and non-prescription medications were observed on a kitchen counter accessible to a child. There is also a box with syringes in the same area.**

**Provider removed the medications and syringes and place them in an area not accessible to a child. Provider agreed to get a container for the medicines and place them in the kitchen on top of the pantry. This area not accessible to a child.**

☐ 110.5(1)e All accessible electrical outlets are safely capped.

**Electrical outlet with two plugs below the window in the living room did not have safety caps. Provider reported children "take them out and put them in their mouth." She was reminded all electrical outlets are required to have safety in them.**

☐ 110.5(1)f Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters.

**It was observed, they were boxes and plastic in close proximity to both the furnace and water heater.**

☐ 110.5(1)h A safe outdoor play area is maintained in good condition throughout the year.

**The swing set in the backyard play area was not securely anchored to the ground on one side.**

☐ 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept.

**Provider did not have documentation these drills are practiced monthly.**

☐ 110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes.

**Provider did not have record of smoke detectors being tested monthly.**

☐ 110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.

**Providers mildly ill policy did not contain information about a sick child being separated from the other children in care until they are picked up.**

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years.

**Provider did not have an updated physical for herself. She did not have and immunization record for her husband, but stated he is not around the daycare children. Provider agreed to supply DHS with a signed written statement that her husband is not around the daycare children.**

☐ 110.5(3)e All play equipment and materials are in a safe condition, for both indoor and outdoor activities.

**The swing set in the backyard play area was not securely anchored to the ground on one side.**

☐ 110.5(8) Children's Files

☐ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name

number, telephone number, and relationship to the child of another adult available in case of emergency.

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.

**Provider did not have children's files available for review. She stated she has files for the children, but does not know where they are at.**

☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.

**Provider states she has written permission forms signed by the parents to transport children to and from school. She was unable to locate them to be reviewed.**

☐ 110.5(9) The provider meets the following requirements:

☐ 110.5(9)a Gives careful supervision at all times.

**When asked how often she checks on sleeping children provider reported the children usually sleep between 1:30 PM and 3 PM. She reported she checks on them twice during this 90 minute period of time.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration.

**Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☐ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

Please do not hesitate to contact me at DHS at 892 – 6803 if you have any questions regarding this letter.

Sincerely,

Social Worker II

Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 855/244 – 5301- Jill McKeen.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to [http://dhs.iowa.gov/sites/default/files/CC\\_Professional\\_Development.pdf](http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf) and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).